

UTILITY PATENT APPLICATION TRANSMITTAL with FEE TRANSMITTAL (Only for new nonprovisional applications under 37CFR 1.53(b))		Attorney Docket No. AMPC 5046																						
		First Named Inventor Levasseur, Jeffrey K.																						
		Title Improved Apparatus and Method for Multi-Channel Equalization																						
		Express Mail Label No. _____																						
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231																						
1. <input checked="" type="checkbox"/> Filing Fee included (hereinbelow) (Submit an original and a duplicate for fee processing)		5. <input type="checkbox"/> Application Data Sheet. See 37CFR 1.76																						
2. <input checked="" type="checkbox"/> Specification [Total Pages 13] (Preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive title of the invention - Cross reference to related applications - Statement regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - BRIEF Description of the Drawings (if filed) - Detailed Description - Claims - Abstract of the Disclosure 		ACCOMPANYING APPLICATION PARTS																						
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 2]																								
4. Oath or Declaration [Total Pages 1] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 12 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 		6. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))																						
		7. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney																						
		8. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations																						
		9. <input type="checkbox"/> Preliminary Amendment																						
		10. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)																						
		11. <input type="checkbox"/> Other: _____																						
12. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner _____ Group Art Unit: _____																								
FEE TRANSMITTAL ELEMENTS		LARGE ENTITY FEE CALCULATION																						
TOTAL AMOUNT OF PAYMENT (\$ 910.00) The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number 19-2201 Deposit Account Name Headquarters, U.S. Army Material Command <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">FEE CODE</th> <th style="text-align: center;">FEE PAID</th> </tr> </thead> <tbody> <tr> <td>1. Basic Filing Fee - (Utility)</td> <td style="text-align: center;">101</td> <td style="text-align: center;">\$910.00</td> </tr> <tr> <td>2. Independent claims in excess of 3</td> <td style="text-align: center;">102</td> <td></td> </tr> <tr> <td>3. Claims in excess of 20</td> <td style="text-align: center;">103</td> <td></td> </tr> <tr> <td>4. Additional Fees</td> <td></td> <td></td> </tr> <tr> <td>5. Other Fees (specify) _____</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Enter Total here and in the "TOTAL AMOUNT OF PAYMENT"</td> <td style="text-align: center;">\$910.00</td> </tr> </tbody> </table>			FEE CODE	FEE PAID	1. Basic Filing Fee - (Utility)	101	\$910.00	2. Independent claims in excess of 3	102		3. Claims in excess of 20	103		4. Additional Fees			5. Other Fees (specify) _____			Enter Total here and in the "TOTAL AMOUNT OF PAYMENT"		\$910.00
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